

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025755

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6996

FILED JUL 12 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, Mo.

Length of stay in 1b

over 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR

St. Louis

d. STREET

(If outside, give location)

5706 Chippewa

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Middle Last
GEORGE W. COLESTOCK

4. DATE

Month

Day

Year

July 4, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

12/14/92

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Guard-City of St. Louis

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George W. Colestock

13b. MOTHER'S MAIDEN NAME

Emma Zimmermann

14. NAME OF HUSBAND OR WIFE

Mae Colestock

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

W.W. #1

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital records

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary gangrene, bilateral

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Friedlaender's pneumonia, bilateral

DUE TO (c)

Carcinoma of prostate with lymph node metastases.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 21, 1961 to July 4, 1963 and last saw him alive on July 4, 1963

Death occurred at 5:40 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

Edward G. Dewain, M.D.

22a. SIGNATURE

(Degree or title)

Edward G. Dewain M.D.

22b. ADDRESS

5400 Arsenal St.

22c. DATE SIGNED

7/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 8, 1963

23c. NAME OF CEMETERY OR CREMATORY

St. Matthews Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

JUL 5 1963

26. REGISTRAR'S SIGNATURE

Loan Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R.W. Storrsand

Licensed Embalmer No. 4007

P. O. Address

St. Louis

mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.